

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

Sam Farr

(b) Address (number and street)

P.O. Box 7548

☐ Check if address changed

2. Identification Number

H4CA17021

(c) City, State and ZIP Code

Carmel

CA

93920

3. Is This Statement

☐ New (N)

OR

☒ Amended (A)

4. Party Affiliation

DEMOCRATIC PARTY

5. Office Sought

House

6. State & District of Candidate

CA 17

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Friends of Farr

(b) Address (number and street)

555 Capitol Mall, Suite 1425

(c) City, State and ZIP Code

Sacramento

CA

95814

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Farr - Costa 2010

(b) Address (number and street)

555 Capitol Mall, Suite 1425

(c) City, State and ZIP Code

Sacramento

CA

95814

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate

Sam Farr

Date

08/06/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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